

# IDAHO DEPARTMENT OF AGRICULTURE LEAVE REQUEST

EMPLOYEE NAME (Please Print)	LOCATION	PAY PERIOD END DATE
		MM                  DD                  YY
I request the following hours for:		
<b>LEAVE WITH PAY</b>		
HOURS / DATES	LEAVE	CODE
	Administrative, Medical Appt.	MDA
	Compensatory Time Taken	CPT
	Jury Duty	JUR
	Military Duty	MLT
	Sick, Family	SIC
	Sick, Funeral	SIC
	Sick, Personal	SIC
	Vacation	VAC
	Other _____	
<b>LEAVE WITHOUT PAY</b>		
HOURS / DATES	LEAVE	CODE
	Sick	LWS
	Other	LWO

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Advanced approval from supervisor is required in all cases except personal and family sick leave. In these instances, approval is required upon return to work.

This leave record must be submitted with the time for the pay period in which the leave occurred.